**Study Title:**

**PI:**

1. Study phase: [x]  Pilot [x]  Phase 0 [ ]  Phase I [ ]  Phase I/II
2. Does the study include an: [x]  Agent **or** [ ]  Device
3. The purpose of the protocol is:

[ ]  Cancer Diagnostics [ ]  Cancer Prevention [ ]  Cancer Detection [ ]  Cancer Treatment

1. Lurie Cancer Center member who conceptualized/designed the trial:
2. Expected accrual duration:       months
3. Did this study originate from work done in a Lurie Cancer Center lab? [ ]  Yes [ ]  No

If Yes, please describe:

1. Provide SRC approval status [ ]  Review Pending [ ]  Reviewed, if so enter

Review Date:       Review Outcome

1. If the study has any funding or other support, please describe:
2. Competing studies? [ ]  None [ ]  If yes, list:
3. Disease Team prioritization of this study: [ ]  First [ ]  Second [ ]  Third [ ]  Fourth
4. Describe patient population under study:
5. Number of eligible patients seen per year:
6. Future plans if project generates positive results (e.g., development of later phase trial, support for grant application or NCTN trial):

Attach the following to this application:

 [ ]  Study LOI or protocol document

 [ ]  Study budget

CRO Oversight Committee review date:

Review comments:

CRO Oversight Committee Decision: [ ]  Approved [ ]  Approved, pending response to comments [ ]  Disapproved